Case 1:04-cv-00369-MBC-SPB U.S. Department of Justice United States Marshals Service

Document & CESSI RECEIP FOR TO RESPURN 2

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

	COURT CASE NUMBER
PLAINTIFF ORFY HAZZIS PROSE	C.A. NO. 04 -369-661e
DEFENDANT O A	TYPE OF PROCESS
Mark Causgrove	
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	tion Room 06
	to their front of
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be
TN 2428	served with this Form - 285
COREY HARRIS (E.C.P.)	Number of parties to be
1618 ASh St	Number of parties to be served in this case
	Check for service
LEGIE, PA 16503	on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDIT	ING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):	Fold
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER DATE
PLAINTII	
COLUMN POR LICE OF LICE MARCHAI ONLY	DO NOT WRITE BELOW THIS LINE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — I	
I acknowledge receipt for the total number of process indicated. Total Process District of Origin District to Serve Signature of Au	uthorized USMS Deputy or Clerk Date
(Sign only first USM 285 if more than one USM 285 is submitted) No No	
I hereby certify and return that I \(\square\) have personally served, \(\sqrt{1}\) have legal evidence of service, \(\sqrt\) have	ve executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address flown above or on the individual, com	pany, corporation, etc., shown at the address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation	, etc., named above (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's
	usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am
	11505 pm
	Signature of U.S Marshal or Deputy
	July Susan
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal or Amount of Refund
(memany emeanors)	
REMARKS: Ojc/w mails	
REMARKS: OJC/W Marlif	
6/0/01	

JUL-15-2005 16:19 ERIE COUNTY EXEC. OFFICES
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WAIVER OF SERVICE OF SUMMONS

TO: United States Marshal's Service

I acknowledge receipt of your request that I waive service of a summons in the action of North News vs. District Court for the Western District of O4-3/9 in the United States District Court for the Western District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after ______ (date,,request was sent), or within 90 days after that date if the request was sent outside the United States.

SIGNATURE

Printed/typed name: LOUN A. ONORAT

Cured County Solicion

Counsel For: ELIE COUNTY DOMESTIC PENTIMS